

**Partners in Policymaking  
End Survey  
2011-12**

**Please evaluate your advocacy skills, for yourself or for a family member with a disability, while in the Partners program.**

- ☐ I have not learned advocacy skills
- ☐ My advocacy skills have slightly increased in some areas
- ☐ My advocacy skills have strongly increased in most areas
- ☐ My advocacy skills have significantly increased all the way around

**While participating in the Partners program, were you able to advocate for appropriate services for yourself or family member with a disability with the information given?**

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No, have not been able to advocate for appropriate services

**Have you been able to receive appropriate services as a result of the skills and information learned during the Partners program?**

- ☐ Definitely, yes
- ☐ Yes, somewhat
- ☐ Probably not
- ☐ Definitely, not

**The Partners in Policymaking training program has improved my skills and knowledge in advocacy work:**

- ☐ Strongly Agree    ☐ Agree    ☐ Neutral    ☐ Disagree    ☐ Strongly Disagree

**To what degree do the following make advocacy difficult for you?**

	A Little Difficult			Very Difficult	
Not enough time	1	2	3	4	5
Distance from home	1	2	3	4	5
Access to transportation	1	2	3	4	5
Health of self or family member(s)	1	2	3	4	5
Family Responsibilities	1	2	3	4	5
Job Responsibilities	1	2	3	4	5
Lack of hope	1	2	3	4	5
Lack of knowledge about what to do	1	2	3	4	5
Expense involved	1	2	3	4	5
Access to child care/respite care	1	2	3	4	5
Other_____	1	2	3	4	5

**What did you gain from the Partners program? (Check all that apply)**

- ☐ Knowledge about disability rights/legislation
- ☐ Knowledge of more and/or better quality services for **my family member**
- ☐ Knowledge of more and/or better quality services for **me**
- ☐ Knowledge of more and/or better quality services for **others**
- ☐ Being part of a group of people who have similar concerns
- ☐ Skills related to advocacy for others
- ☐ Skills related to self-advocacy
- ☐ Knowledge of resources
- ☐ Increased coping skills
- ☐ Better family functioning
- ☐ Increased feeling of independence
- ☐ Increased self-confidence
- ☐ Other, please describe \_\_\_\_\_

**At the present time, I am:** (check any that apply)

- ☐ Not a member of any organizations
- ☐ An inactive member of one or more organizations
- ☐ An active member of one organization or more
- ☐ A leader in organizations at local level
- ☐ A leader in organizations at state level

**Please list the organizations (relating to disabilities) in which you participate:**

1. \_\_\_\_\_ Role \_\_\_\_\_
2. \_\_\_\_\_ Role \_\_\_\_\_
3. \_\_\_\_\_ Role \_\_\_\_\_
4. \_\_\_\_\_ Role \_\_\_\_\_

**Rate your knowledge level in the following areas:**

	Little knowledge		More knowledge		
Legislation (e.g., ADA, IDEA)	1	2	3	4	5
Legislative process	1	2	3	4	5
Group leadership	1	2	3	4	5
Service/support system and resources	1	2	3	4	5
People first language	1	2	3	4	5
Assistive technology	1	2	3	4	5
History of attitudes toward people with disabilities	1	2	3	4	5
Strategies to make changes	1	2	3	4	5
Customized employment	1	2	3	4	5
Supported Living	1	2	3	4	5
Inclusive education	1	2	3	4	5
Community inclusion	1	2	3	4	5
Self determination	1	2	3	4	5

**Please rate your access to services and supports:**

	Do not agree			Agree		
	1	2	3	4	5	Circle
a. There are many services and supports related to <u>my</u> disability that are needed, but I am not able to obtain them						Does Not Apply
b. There are many services and supports related to <u>my family member's</u> disability that are needed, but I am not able to obtain them						Does Not Apply
c. There are many services and supports related to <u>other</u> people's disability that are needed, but I am not able to obtain them						Does Not Apply
	Not satisfied			Very satisfied		
	1	2	3	4	5	Circle
d. To what degree are you satisfied with the services and supports you receive						Does Not Apply
e. To what degree are you satisfied with the services your family member(s) receives						Does Not Apply
f. To what degree are you satisfied with the services you helped obtain for other people with disabilities						Does Not Apply

**If you had it to do over again, would you participate in the Partners training?**

☐ Yes      ☐ No      ☐ Maybe

Please rate the Coordinator **Karen Kelsch**

**Organization:** (binders, CDs, flow, etc.)

☐ *Very Poor*      ☐ *Poor*      ☐ *Fair*      ☐ *Good*      ☐ *Very Good*

**Content:** (binders, CDs, speakers, etc.)

☐ *Very Poor*      ☐ *Poor*      ☐ *Fair*      ☐ *Good*      ☐ *Very Good*

**Overall:**

☐ *Very Poor*      ☐ *Poor*      ☐ *Fair*      ☐ *Good*      ☐ *Very Good*

Most Helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Least Helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list suggestions for sessions, speakers, accommodations, curriculum, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My favorite session topic was** (please circle):

Inclusive Education/IEPs      History of Disability Issues      Person Centered Planning

State Agency Panel      Public Policy      Community Development

Capitol Tour      Employment & Housing      Assistive Technology

Secondary Transition      Guardianship/Special Needs Trusts

**My favorite speaker was** (please circle):      Jerry Adams      Kathie Snow

Tim Schmaltz      Mark Homan      Jill McCullom      Rep. J.D. Mesnard

Jane Larrabee      Jeff Strully      Lorrie Sheehy      Matthew Press

**Thanks for taking the time to thoughtfully fill out this survey!**